

STATE OF HAWAII
DEPARTMENT OF EDUCATION
P.O. BOX 2360
HONOLULU, HAWAII 96804

November 30, 2004

MEMORANDUM

TO: All Purchase of Services Applicants

FROM: Andrell Beppu Aoki, Fiscal Specialist
School Based Behavioral Health Services Section

SUBJECT: Addendum and Questions and Answers for Requests for Proposal
(EDN 150-2006-04) Issued on October 12, 2004

For your information, please find attached the addendum for the above-referenced Request for Proposal (RFP) by the School Based Behavioral Health Services Section of the Department of Education.

The purpose of the addendum is to provide clarification to questions raised at the orientation meeting of October 26, 2004 and written questions subsequently submitted in accordance with Section 1-V, of the RFP and to make necessary corrections to the application sections of the RFP.

The proposal submittal deadline of January 14, 2005 will not be amended.

Should you have any questions on administrative issues relating to the RFP, please contact me at (808) 735-8264 or via email at Andrell_Beppu@notes.k12.hi.us.

If you have concerns of a substantive nature, please contact the RFP Contact Person, Ms. Paulie Schick, at (808) 735-6225 or via email at Paulie_Schick@notes.k12.hi.us.

QUESTIONS AND ANSWERS FROM ORIENTATION MEETING OF OCTOBER 26, 2004

[Note: This is an abridged version of substantive issues raised at the Orientation that needed clarification. A full version of the Questions and Answers were disseminated to all interested POS applicants on November 12, 2004. A copy is available for downloading at http://doe.k12.hi.us/rfp_sbbh/.]

General Questions Applicable to all RFPs:

1. The "Proposal Application Checklist" contained in the RFP appears to be incomplete. The column titled "Required by Purchasing Agency" needs to be completed? ***Yes, the DOE noticed that the document, as posted on the SPO Website, was incomplete. The DOE will be re-posting the "Proposal Application Checklist" on the website.***
2. Concern was raised over the number of hours of training providers must complete before actually servicing any student. Cost to train agency staff was raised as well as DOE's repeated requests to have services start immediately after an IEP/MP meeting determines services. ***The purpose of the required training hours is to ensure that providers have an understanding of certain topics/issues like the ones stated in the RFP. The DOE will be amending the training requirements to reflect the following for contract providers conducting assessments: All contract providers must have at least twenty-four hours of orientation completed before beginning service delivery. The twenty-four hours of orientation shall include:***
 - *IDEA and HAR Chapter 56 Requirements, including procedures and eligibility criteria;*
 - *Section 504 and HAR Chapter 53 Requirements, including procedures and eligibility criteria;*
 - *Family Educational Rights and Privacy Act and HAR Chapter 36 Requirements;*
 - *An understanding of educationally relevant interventions and recommendations related to the target population; and*
 - *An understanding of all applicable contract terms and requirements.*

These 24 hours can be applied towards the 40 hours of ongoing professional development required for the year. Professional development must be directly related to the contracted professional's work responsibilities.

3. Was the change in policy now requiring providers to train personnel prior to providing service discussed at any time with providers? ***No. The DOE did not anticipate, but has subsequently discovered in the past year, that many providers are servicing students without adequate training. The DOE's primary focus is the safety and welfare of its students.***
4. The training topics include crisis field assessment. Up until now SSCs have refused to fund time for field crisis events. Will this change? ***Crisis field assessment has always been a training requirement since the implementation of the delivery of school based services. All contracted providers must have the ability to recognize crisis for student and take appropriate measure to support the student. The provider should ensure that there is a crisis plan for every student that should include support for after-school hours. The DOE is not looking to purchase crisis intervention as a separate service. Should a crisis event occur, the contracted provider must inform all appropriate DOE officials via the Incident/Sentinel Event report.***

5. Are there are other topics of required training that could be listed? ***The DOE has delineated the topics of training as required under the RFPs. If an agency is interested in providing training on other topics to their staff, the agency is free to do so.***
6. Are there any restrictions in regards to how the 40 hours of training requirements are delivered? ***The DOE would expect that the trainings are interactive and allow for meaningful discussion and feedback.***
7. If a provider changes agencies, must the new hiring agency also re-train the provider who may already have had the 40 hours required training before the provider begins servicing the student? ***Not necessarily. Agencies should request from the new hire documentation evidencing trainings that they have attended or received within the past year. All documentation should be kept in the contracted provider's credential (personnel) files.***
8. Is the prior training requirements negotiable? ***DOE will be amending the training requirements so please refer to question #5 above. The DOE wants to ensure that trained providers will be serving our students and families.***
9. Concern was raised that all of the training requirements will affect an agency's ability to initiate immediate service. ***The DOE will also start training the schools to write IEP service start dates to allow for some time to find providers – to move away from service start dates beginning the day after the IEP team makes the service determinations.***
10. Under Section 3, paragraph 1, Personnel – it states, "Parental consent for assessments and release of information is covered by the IEP/MP consent. NO additional parental consent for assessment or release is needed by the contracted provider." This statement is not accurate for a contracted provider who is accredited by an external body such as COA, CARF, etc. If an agency is accredited, the agency is required to obtain consent(s) in order to maintain its accreditation status. ***The DOE does not require an applicant to be COA, CARF, etc. accredited; however, the department is aware that many of the potential applicants must be accredited as they also hold contracts with other state agencies that do require some type of accreditation. The DOE recognizes that this is a long-standing issue yet to be resolved and thus has asked the Attorney General for a written opinion regarding consents and the alleged conflicts between HIPAA and FERPA. While the DOE appreciates the delicate positions that potential applicants are placed in, the DOE finds it necessary to remind future contract awardees that any documentation that results from our contract agreements are the property of the DOE. The DOE would suggest that potential applicants review their own policies and procedures regarding the release of information to the DOE and so instruct their direct service providers. If an agency elects to obtain additional consent to provide service to the student or family, this shall not be cause to delay the delivery of service nor shall the time spent to discuss or obtain the additional consent be billed to the DOE.***
11. Fingerprinting and background check requirements read as though the DOE will complete the check and concerns were expressed that this might create

a backlog and impact service delivery. What is the current status? *Currently, the DOE is pursuing legislation for the upcoming legislative session that will allow the DOE to conduct the national criminal history checks on its contracted providers and subcontractors. Two options are under discussion – first option would that the DOE does indeed conduct the criminal history check of all of its contracted providers and subcontractors; the second option would be for the DOE to delegate its authority to conduct criminal history checks to contracted agencies in the same way that the Department of Health delegated its authority. No firm decisions have been made at this time.*

12. Does the criminal history check include the FBI checks? *Yes.*
13. How much will it cost an agency to conduct a criminal history check? *A records check may cost between \$27 – 29.*
14. DOE Form 90. What is it? *This is a DOE issued form that includes pertinent information and a consent to conduct the criminal history check for each applicant.* How does an agency process this requirement? *This would depend on whether or not the DOE chooses to delegate its authority to conduct criminal history checks to contracted agencies.*
15. On page 2-30 and 2-31 DOE requires employees to conduct mandatory criminal history checks and to repeat this every 3 years. What actions would you like an agency to take with the results of those checks? If any criminal convictions are greater than 10 years old, by Hawaii state employment law, a private company cannot use that against the individual and refuse to hire him, even if the offense is for numerous counts of child molestation. However, the DOE is exempted from this limitation. *This is a very important issue that the DOE will be discussing with its human resources department.*
16. Can an applicant apply to serve only 1 geographical area? *Yes, an applicant can apply to serve only 1 geographical area; however, the applicant must be able to deliver all the services as required under the specific RFP.*
17. Why aren't multiple or alternate proposals permitted? *The DOE discussed this alternative but could foresee many difficulties in evaluating the proposal applications as pricing is a factor and the DOE is choosing not to set rate schedules for each type of service. The DOE is allowing all proposal applicants to set the most competitive pricing standard. The DOE does not want multiple proposals just based on price.*
18. Can agencies do video conferencing for supervision and consultation with agency staff? *Yes, however the DOE will not be responsible for any costs associated with the development and implementation of an agency's videoconferencing capabilities.*
19. Like the hiking, swimming guidelines, can the DOE put out guidelines for pedestrian safety? *The DOE will conduct research to see if there are any existing departmental guidelines regarding this topic that can be shared or disseminated with contracted agencies.*

Psychiatric Services (RFP EDN 150-2006-04):

1. Agencies expressed concern because if Med Eval is completed and medication is prescribed, doctors need to see students for a follow up appointment. ***After the completion of a medication evaluation, if the psychiatrist determines that a student is indeed in need of medication, the DOE is requesting that the agency notify the school that subsequent medication management is required. Remember, the authorization for the evaluation does not include an authorization for medication management. The attachment of medication is not always automatic because there is a possibility that the psychiatrist could rule that a student does not need medication. The attachment of medication should be indicated in the evaluation report. Via the evaluation report, the school then writes up the medication management authorization.***
2. If a MD completes an assessment under 150-2006-01, would the agency be able to bill for a higher rate? ***Under the rate schedule, agencies may include a credential level and rate for the medical doctors (MD). However, MDs would not be doing FBAs. The format for the EBAs and PDE/PMEs are the same.***
3. Concern was raised over the "old" issue of a new MD using the med eval performed by another doctor for transfer students. ***The DOE understands that for many MDs this is a liability issue of concern. If a new med eval is requested for this reason, the provider should contact the school SSC to make arrangements for a work order for the service. The MD must complete the approved Med Eval report format.***
4. Concern was raised about how IDEA excludes the provisions of medical services except for evaluation for educational needs. ***Medication services should be limited to those students who require such services to benefit from their education.***
5. What is the status of the DOE's plan to seek Medicaid reimbursement? ***The DOE has been discussing whether or not to seek Medicaid reimbursement, but a final determination has not been yet made. However, it does not appear likely that the DOE will move toward Medicaid reimbursement in the very near future. If any decisions are made prior to the awarding of contracts under the RFPs, appropriate steps will be taken to notify all awardees.***
6. Will administrative people be able to input into ISPED for the psychiatrists? ***The DOE will not require psychiatrists to enter any data into ISPED. However, they must submit hardcopies of all evaluation reports and medication management progress notes, and all other required documentation (ie: service verification form) to the school within the required timelines. The DOE has also decided not to require the submittal of a quarterly summary report as in previous years. Because of these concession, the DOE does expect that all reports and progress notes will be fully completed when submitted.***
7. Will DOE still require 40 hours of training for the psychiatrists? Medical doctors are already trained to be able to deal with issues such as suicide assessment and some of the other professional development topics listed may not necessarily apply. ***The DOE will be amending the training requirements across all RFPs. See previous answer under General Questions #5. The DOE firmly believes that even psychiatrists, although well-trained in assessments and medical services should***

have knowledge of basic IDEA and 504 principles as well FERPA, educationally relevant interventions and recommendations, and an understanding of all applicable contract terms and conditions. To this end, the DOE will only require eight (8) hours of training in these topic areas before the psychiatrist can begin servicing students. In addition, contracted providers must understand the DOE's mission and responsibility, and the context within that mental/behavioral health services are provided to students. Please remember that the purpose of this service is to provide intervention necessary to assist students to benefit from their education.

8. Will the DOE consider telemedicine? *The DOE recognizes that telemedicine is a viable method of providing these services to the very geographic hard to serve (ie: Lanai, Molokai, Hana, Kau, etc.) areas of the State. The DOE will accept proposed unit rates for telemedicine. However, DOE will not be responsible for any costs associated with the development or implementation of an agency's telemedicine program.*

ADDENDUM NO. 1
to
REQUEST FOR PROPOSALS
PSYCHIATRIC SERVICES
RFP NO. EDN 150-2006-04

Section 1 – Administrative Overview

NO CHANGES.

Section 2 – Service Specifications

Subsection	Page	Amendment
I. C. Description of Target Population	2-3	<p>Replace #5 with the following: "The student is currently exhibiting moderate to severe social, communication, emotional or behavioral deficits and is in need of behavioral or mental health services in order to benefit from their free and appropriate public education.</p> <p>Explanation: Correcting criteria from "severe" as originally drafted to "moderate to severe" as is most appropriate.</p>
III. Scope of Work, Subsection A	2-6, 10 th Bullet	<p>Delete provision and replace bullet with the following: "All contract providers and agency staff members providing direct services must have attended, and have documentation to the effect that he or she has completed at least forty (40) hours of annual professional development. Such professional development must be directly related to his or her work responsibilities.</p> <ul style="list-style-type: none">▪ Within the required forty hours of professional development, all contract providers and agency staff members must have at least thirty (30) hours of basic training including, but not limited to, crisis field assessment and intervention, suicide assessment, risk assessment, clinical protocols, documentation, and knowledge of community resources, as well as training regarding court processes and legal documents relative to emergency procedures, plus specific legal issues governing informed consents. Such basic training must be completed prior to

		<p>performing crisis outreach services.</p> <ul style="list-style-type: none"> ▪ All contract providers and agency staff members providing direct services must have at least eight (8) hours of orientation completed before beginning service delivery. The 8 hours of orientation shall include: <ul style="list-style-type: none"> ○ IDEA and HAR Chapter 56 requirements, including procedures and eligibility criteria; ○ Family Educational Rights and Privacy Act and HAR Chapter 36 requirements; ○ An understanding of educationally relevant interventions and recommendations related to the target population; and ○ An understanding of applicable contract requirements. <p>These 8 hours can be applied towards the 40 hours of ongoing professional development required for the year.</p> <ul style="list-style-type: none"> ▪ All contract providers and agency staff members providing direct services must also receive information and training regarding the following topics: <ul style="list-style-type: none"> ○ HAR Chapter 19 procedures and requirements; ○ State laws regarding child abuse and neglect reporting, reporting criminal behavior and threats regarding suicide and homicide; ○ Crisis intervention procedures, including suicide precautions; ○ A review of the Hawaii CASSP Principles; ○ A review of the Comprehensive Student Support System (CSSS); and ○ An understanding of team-based decision-making." <p>Explanation: Changes to training requirements were made as potential proposal applicants raised concerns at the Oct. 26th orientation over the number of hours of training a provider must complete before actually servicing any student. Even psychiatrists, although well-trained in assessments and medical services, should have knowledge of basic IDEA and 504 principles as well as FERPA, educationally</p>
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		relevant interventions and recommendations, and an understanding of all applicable contract terms and conditions.
III. Scope of Work, Subsection B – Psychiatric Diagnostic Evaluation, Service Operations, #3, letter i	2-9	<p>Add in “CALOCUS” to required assessment tools.</p> <p>Explanation: Making consistent all required assessment tools as listed here in the Service Description and the Sample EBA/Psychiatric Diagnostic Evaluation reports.</p>
III. Scope of Work, Subsection B – Psychiatric Diagnostic Evaluation, Service Operations, #3, letter i	2-9	<p>Add the following to the end of the paragraph: “The DOE will provide the BASC-2 data in the referral packet. This shall include a copy of the protocols, the scores, and the printed reports. The applicant does not need to purchase the BASC-2 system to do the assessment. However, the applicant must consider the BASC-2 data/reports and incorporate them in the evaluation/recommendations. Applicant purchase of the BASC-2 manual is recommended.”</p> <p>Explanation: Clarification on whether the applicant who is awarded a contract as a result of this RFP will need to purchase the BASC-2 system. Potential applicants raised concerns over the cost of the BASC-2 requirements.</p>
III. Scope of Work, Subsection B – Psychiatric Diagnostic Evaluation, Service Operations, #3, letter o	2-10, 3 rd Bullet	<p>Insert the following after “Emotionally Impaired under IDEA”: “These are determinations made by the IEP/MP Team.”</p> <p>Explanation: Clarification noted.</p>
III. Scope of Work, Subsection B – Psychiatric Diagnostic Evaluation, Service Operations, #3, letter o	2-10, 3 rd Bullet	<p>Insert the following after “the student is in need of a structured school environment and intensive counseling services”: “to develop _____ skills.”</p> <p>Explanation: Clarification noted.</p>

III. Scope of Work, Subsection B – Psychiatric Medication Evaluation, Service Operations	2-12	<p>Add in to 3rd bullet: “Administer assessment instruments and interpret assessment results; must include specific scores, plotted profiles, and analytical interpretations of the BASC-2, CAFAS, Achenbach Checklists, and CALOCUS.”</p> <p>Explanation: Making consistent all required assessment tools as listed here in the Service Description and the Sample EBA/Psychiatric Medication Evaluation reports.</p>
III. Scope of Work, Subsection B – School Consultation, Service Description	2-19, Item 3	<p>Delete subparagraph a and re-letter the existing provisions accordingly.</p> <p>Explanation: Sentence inadvertently left in original draft.</p>
C. 1) Management Requirements – Personnel	2-21	<p>Add in new paragraph at end of section “In addition, the applicant shall require and maintain a record of certificate of TB examination issued to employees, subcontracted providers and volunteers issued within twelve months prior to the start of employment or service. Certificate must state that the person is free of communicable tuberculosis.”</p> <p>Explanation: SBBH was just informed that state regulations requires all persons who have regular contact with students must show proof that he or she is free from communicable tuberculosis.</p>
C. 7) Reporting Requirements for program and fiscal data, subparagraph a	2-25	<p>Delete reference to “Max OS 8.5 or higher.” Replace with “Mac OS 8.5 or higher.”</p> <p>Explanation: Correct typographical error noted.</p>
C. 7) Reporting Requirements for program and fiscal data, subparagraph a	2-26	<p>Insert the following after the last paragraph: “The Department reserves the right to evaluate the agency’s program/service delivery for program monitoring purposes on an annual basis, at a minimum, through either an on-site evaluation or a documentation review.”</p> <p>Explanation: Paragraph inadvertently left out in original draft.</p>

C. 9) Units of service and unit rate	2-27	<p>Add the following to the end of the 1st paragraph: "If incorporating telemedicine, proposals may offer two rates for each district; one for the face to face rate, and one for the application of telemedicine."</p> <p>Explanation: Sentence inadvertently left out of originally draft. The Department recognizes that telemedicine may be a viable method of providing psychiatric services to the very geographic hard to serve areas of the State.</p>
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Section 3 – POS Proposal Application Instructions

NO CHANGES.

Section 4 – Proposal Evaluation

NO CHANGES.

Section 5 – Attachments

Subsection	Page	Amendment
A	Competitive POS Application Checklist	<p>Add an "X" under Column Heading "Required by Purchasing Agency" for the following items:</p> <p>7. Cost Proposal (Budget)</p> <p>SPO-H-205 SPO-H-205A SPO-H-205B SPO-H-206A SPO-H-206B SPO-H-206C SPO-H-206D SPO-H-206E SPO-H-206F SPO-H-206G SPO-H-206H SPO-H-206I SPO-H-206J</p> <p>8. Federal Certifications</p> <p>Debarment & Suspension Drug Free Workplace Requirements Lobbying Program Fraud Civil Remedies Act Environmental Tobacco Smoke</p>

		<p>9. Rate Schedule</p> <p>Explanation: Though originally checked as required documentation to be submitted by the proposal applicant, this information was not checked off when the document was converted into the PDF file for posting on the website. NOTE – Those who picked up a hard copy of the RFP will notice that their copies already include this information.</p>
E	EBA: Comprehensive/ Psychiatric Diagnostic Evaluation	<p>Providing new sample report.</p> <p>Explanation: Per the request of potential proposal applicants, seeking to clarify required assessment tools to be used.</p>
F	EBA: Annual Update/ Psychiatric Medication Evaluation	<p>Providing new sample report.</p> <p>Explanation: Per the request of potential proposal applicants, seeking to clarify required assessment tools to be used.</p>

Competitive POS Application Checklist

Applicant: _____ RFP No.: _____

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state purchasing agency as part of the Proposal Application. *SPO-H forms are located on the web at <http://www.spo.hawaii.gov> Click *Procurement of Health and Human Services* and *For Private Providers*.*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
1. Proposal Application Title Page (SPO-H-200)	Section 1, RFP	SPO Website*	X	
2. Proposal Application Checklist	Section 1, RFP	Attachment A	X	
3. Table of Contents	Section 5, RFP	Section 5, RFP	X	
4. Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
5. Registration Form (SPO-H-100A)	Section 1, RFP	SPO Website*	(Required if not Registered)	
6. Tax Clearance Certificate (Form A-6)	Section 1, RFP	SPO Website*		
7. Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*	X	
SPO-H-205A	Section 3, RFP	SPO Website*	X	
SPO-H-205B	Section 3, RFP,	SPO Website*	X	
SPO-H-206A	Section 3, RFP	SPO Website*	X	
SPO-H-206B	Section 3, RFP	SPO Website*	X	
SPO-H-206C	Section 3, RFP	SPO Website*	X	
SPO-H-206D	Section 3, RFP	SPO Website*	X	
SPO-H-206E	Section 3, RFP	SPO Website*	X	
SPO-H-206F	Section 3, RFP	SPO Website*	X	
SPO-H-206G	Section 3, RFP	SPO Website*	X	
SPO-H-206H	Section 3, RFP	SPO Website*	X	
SPO-H-206I	Section 3, RFP	SPO Website*	X	
SPO-H-206J	Section 3, RFP	SPO Website*	X	
Certifications:				
8. Federal Certifications		Section 5, RFP	X	
Debarment & Suspension		Section 5, RFP	X	
Drug Free Workplace		Section 5, RFP	X	
Lobbying		Section 5, RFP	X	
Program Fraud Civil Remedies Act		Section 5, RFP	X	
Environmental Tobacco Smoke		Section 5, RFP	X	
Program Specific Requirements:				
9. Rate Schedule			X	
10. Most Recent Financial Audit				

Authorized Signature

Date

Emotional Behavioral Assessment

Psychiatric Diagnostic Evaluation

Identifying Information

Name: (last name first, and middle name)

Sex: (male or female)

Date of Birth: (e.g., March 2, 1987)

Age: (e.g., 10 year 9 month)

Legal Guardian:

School (school last attended or
currently attending):

Grade:

Date of Interview: (multiple dates if applicable)

Date of Report: (report completion date)

Referral Source:

Examiner: (name & degree)

IDEA/504/SEBD status:

Reason for Referral

Initial comprehensive report, SEBD determination, specific reasons/questions posed by referral source, e.g., disability determination, assessment for intervention in emotional/behavioral crisis, exacerbations of behavioral symptoms; serious and challenging behaviors, such as suicidal behavior, fire-setting, etc.

Sources of Information

Interviews (minimally subject student, parents/guardians or significant others, and school staff/service providers). Other interviews may be helpful: psychiatrist, probation officer, foster parents, DHS worker, FGC care coordinator, others who are involved and knowledgeable concerning the student. Note any other sources of information: past and current medical and legal records, school records, previous mental health evaluation records.

Chief Complaint or Presenting (Current) Problem

Student's subjective complaints (symptoms) & observed findings (signs) of teachers/guardians, main concerns from parent and other referral source(s)

History of Presenting Problem

(Onset, duration, severity/intensity, frequency, quality - include agencies involved in support services, e.g., DOE, DOH, DHS, CPS, OYS, family court.)

Past Mental Health History

Onset of symptoms/signs, diagnoses, past treatment (in- or out-patient settings or residential sites); result of interventions, relapse pattern if occurred and compliance, service intensity, intervention modalities, e.g., CBT, MST, DBT, etc.

Assessment Tools

Administration of the CAFAS, CALOCUS, and ASEBA (Achenbach) is required if current scores (within six months) have not been provided with the referral packet. The consideration and incorporation of the DOE provided BASC-2 data, scores and reports are required components of the evaluation. Other tools, such as Social Skills Rating Scales, Conners, Minnesota Multiphasic

__Emotional/Behavioral Assessment

__Psychiatric Diagnostic Evaluation

Name: *(last, first and middle)*

Date of Birth: *(month, day, year)*

Personality Inventory-Adolescent, Sentence Completion, or Hawthorne Scales, should be considered when additional information is needed. List names of tools. Data will be reported in separate section.

Medical History

Birth history, contributory pre- and perinatal events/factors such as illnesses and accidents, treatments received (surgical operation and medications), loss of consciousness, congenital deformity, hospitalization, immunization, allergies, hearing and vision problems, chronic and/or familial diseases. And, if physician evaluator, a review of systems.

Current Medication

Current prescription medication(s) (name; dosage, administration time, potential side effects), target behavior/symptoms, student progress (compliance, effectiveness in controlling symptoms, etc., including feedback from parent and school), sites last medication was prescribed (clinic, private physician's office, hospital). List any complementary or alternative remedies used in past or currently.

Developmental and Psychosocial History

Developmental History

Birth history such as pre-natal maternal complications or fetal distress, peri- and post-natal history (e.g., difficult labor, jaundice, premature delivery, other maternal and infant complications), birth weight and length, Apgar score, developmental milestones

Family History

Family origin or parental ethnicity, parental marital status and relationships, relationships among family members, parenting style, parental or family history of mental illness history (genetic predisposition), socioeconomic status, siblings, parental availability to children's needs), description of family dwelling (e.g., 2 bed rooms for 6 family members)

School History

Schools attended, grade, current educational status, educational testing, preschool program, special education status, repeated grade(s) and when and why, academic performances (strengths and weaknesses), behavioral problems and truancy, suspension, attitude towards school, including school observation (strongly recommended) or formal school data collection including report cards, deficiency notices, disciplinary actions.

Social History

History of peer relationships, ability and scope of meaningful relationships with others, current peer support, student identified social supports, social and group activities, gang affiliation

Sexual History

History of sexual activities, gender orientation, history of sexual abuse, birth control knowledge and practice, pregnancy, attitudes towards opposite sex

__Emotional/Behavioral Assessment

__Psychiatric Diagnostic Evaluation

Name: *(last, first and middle)*

Date of Birth: *(month, day, year)*

Substance Abuse History

History of substance use/abuse, kinds of abused drugs/substances and age at first usage of each drug, frequency and quantity consumed, alone or with others, drug sales and associated legal problems, family history of substance abuse, attitudes towards substance use/abuse. State whether student has attempted to discontinue drug use and with what effect.

Legal History

Types of violations/charges, adjudicative dispositions, recidivism, rehabilitative programs attended (success or failure, if failed, why? on probation or parole?), legal guardianship, guardian ad litem, public defender, attitudes towards past illegal activities.

Cultural or Transcultural Issues

Length of residence in Hawaii, other residence out of state, language spoken by student and family members at home, family cultural factors that may impact on intervention.

Assessment Tool Data:

Data from each measurement tool noted above, including minimally BASC2, ASEBA, CAFAS, and CALOCUS. Note data source (whether performed by current evaluator or other source of data). Scores and plotted profiles of the ASEBA and CAFAS should be attached to the report and noted in this section as an attachment.

Mental Status Examination

Appearance, attitude, behavioral observations. *A general description include presence of any physical deformity or handicap.*

Orientation: *(time, place, person).*

Affect and Mood: *engagement pattern, eye contact, affect, depression, recent and past mood swings (depression, euphoria, excitement or irritability, noting frequency and duration of mood swings), and anxiety (including autonomic nervous system signs, e.g., flushing, perspiration, shortness of breath, palpitations, etc.). Psychomotor activity level. Speech pace, note any acceleration or delay.*

Thought content/processes: *fund of knowledge, intelligence, cognitive processes, and memory. Serial subtractions of 7's, presence/absence of any abnormal perception (hallucinations or illusions), cognitive distortions (paranoid thoughts or other delusions), attention span & distractibility, memory impulsive behavior, thought (content and processing), speech (enunciation, age-appropriateness, or unusual content or preoccupations).*

Suicidal or homicidal ideation or threats; *risk assessment.*

School observation (highly recommended) *or data from school.*

Physical Examination

***Strongly recommended when evaluator is physician. Include blood pressure, pulse, height and weight as vital signs. Note obvious serious physical findings. Include a mini-neurological examination minimally noting presence or absence of tics (motor or vocal), tremors, or other abnormalities of movement. Include data from any movement scale used in the evaluation.*

__Emotional/Behavioral Assessment

__Psychiatric Diagnostic Evaluation

Name: *(last, first and middle)*

Date of Birth: *(month, day, year)*

Student's and Family Strengths

List student's assets, e.g., good physical health and appearance, any skills (painting, music, sports, readings), being articulate, good in math, etc.)

Presence of supports from parent(s), community, and/or significant others (girl- or boy-friend, fiancé), or grandparents, relatives, minister/priest), well-connected and closely following agency support staff.

Summary and Formulation

Reason(s) and rationale to support a diagnosis and to rule out others - based on biological, psychological, social and cultural factors and models. Vulnerabilities and protective factors should be also included if possible.

Diagnostic Impressions (DSM-IV)

All five axes diagnoses should be listed in the order of clinical importance with first diagnosis on Axis I being the focus of current treatment.

DO NOT list Rule Out (R/O) diagnoses. If a certain diagnostic entity is suspected but not yet clearly ascertained, include discussion or plans for clarifying or following-up either in formulation or recommendation section. On Axes I and II: if using NOS [not otherwise specified], delineate what features of diagnosis are lacking for a more specific diagnosis.

Educational Implications and Intervention Recommendations

*Describe and address needs of student and family. Include strengths-based recommendations supported by empirical research, including biological, psychological, social and/or cultural areas of intervention/management or added specialized assessments. **Avoid specifying a particular service, program, or eligibility status.** Recommendations should reflect CASSP principles and interventions in less restrictive settings.*

Note need for follow-up assessments, transition planning ,and other specific follow-up measures such as laboratory tests, rating scales, etc.

Provider Information

Signature

Name and degree(s) of the evaluator including the position and name of institution/organization of the evaluator is affiliated (if indicated and appropriate).

Emotional/Behavioral Assessment: Annual Update
Psychiatric Medication Evaluation

Identifying Information

Name: (last name first, first and middle)

Sex: (male or female)

Date of Birth: (e.g., March 2, 1987)

Age: (e.g., 10 year 9 month)

Legal Guardian:

School: (school last attended or
Currently attending)

Grade:

Date of Interview: (multiple dates if applicable)

Date of Report: (report completion date)

Referral Source:

Examiner: (name & degree)

IDEA/504/SEBD status:

Reason for Referral

Student requires an annual assessment or psychiatric medication evaluation, to determine current mental health needs and recommendations, as part of the IDEA/MP requirements, SEBD determination, continued DOH services, or specific reasons/purposes posed by referral source.

Sources of Information

Interviews (minimally subject student, parents/guardians or significant others, and school staff/service provider). Other interviews (psychiatrist, probation officer, DHS worker, FGC care coordinator) and past and current medical and legal records, school records, and previous/current emotional/behavioral evaluation records may assist the assessment update.

Current Problems and Concerns

Student's subjective complaints (symptoms) & observed findings (signs) of teachers/guardians, main concerns from parent and other referral source(s).

History of Presenting Problem Since Last Assessment

Describe onset, duration, severity/intensity, frequency, quality of any new problems presenting since last assessment. List agencies currently involved in intervention, e.g., DOE, FGC, CPS, OYS, SBBH agencies and other service provider agencies/organizations.

Mental Health History Since Last Assessment

Interval history of interventions, changes in treatment approach, acute hospitalizations and other crises.

Medical History Since Last Assessment

Report changes in health status, diagnoses, medical and surgical treatment of conditions, name of PCP, and additional history obtained since last assessment. For physician examiners, include updated review of systems.

___ **Emotional/Behavioral Assessment: Annual Update**

___ **Psychiatric Medication Evaluation**

Name: *(last, first, middle)*

Date of Birth: *(month, day, year)*

Assessment Tools

Administration of the CAFAS, CALOCUS, and ASEBA (Achenbach) is required if current scores (within six months) have not been provided with the referral packet. The consideration and incorporation of the DOE provided BASC-2 data, scores and reports are required components of the evaluation. Other tools, such as Social Skills Rating Scales, Conners, Minnesota Multiphasic Personality Inventory-Adolescent, Sentence Completion, or Hawthorne Scales, should be considered when additional information is needed. List names of tools. Data will be reported in separate section.

Current Medication

Current prescription medication(s) (name; dosage, administration time, potential side effects), target behavior/symptoms, student progress (compliance, effectiveness in controlling symptoms, etc., including feedback from parent and school).

Psychosocial History Since Last Assessment

Developmental History

See the attached previous report.

Family History

Add only changes and additions since the last assessment, e.g. birth or adoption of new sibling, divorce.

School History

Add only changes and additions since the last assessment. Report school observations or other forms of school data collected.

Social History

Add only changes and additions since the last assessment.

Sexual History

Add only changes and additions since the last assessment.

Substance Abuse History

Add only changes and additions since the last assessment.

Legal History

Add only changes and additions since the last assessment.

Cultural or Transcultural Issues

Add only changes and additions since the last assessment.

Assessment Data:

Data from each measurement tool noted above, including minimally BASC2, ASEBA, CAFAS, and CALOCUS. Note data source (whether performed by current evaluator or

___ **Emotional/Behavioral Assessment: Annual Update**

___ **Psychiatric Medication Evaluation**

Name: *(last, first, middle)*

Date of Birth: *(month, day, year)*

other source of data). Scores and plotted profiles of the ASEBA and CAFAS should be attached to the report and noted in this section as an attachment.

Mental Status Examination

Appearance, attitude, behavioral observations. A general description include presence of any physical deformity or handicap.

Orientation: *(time, place, person).*

Affect and Mood: *engagement pattern, eye contact, affect, depression, recent and past mood swings (depression, euphoria, excitement or irritability, noting frequency and duration of mood swings), and anxiety (including autonomic nervous system signs, e.g., flushing, perspiration, shortness of breath, palpitations, etc.). Psychomotor activity level. Speech pace, note any acceleration or delay.*

Thought content/processes: *fund of knowledge, intelligence, cognitive processes, and memory. Serial subtractions of 7's, presence/absence of any abnormal perception (hallucinations or illusions), cognitive distortions (paranoid thoughts or other delusions), attention span & distractibility, memory impulsive behavior, thought (content and processing), speech (enunciation, age-appropriateness, or unusual content or preoccupations).*

Suicidal or homicidal *ideation or threats; risk assessment.*

School observation (strongly recommended) *or data from school.*

Physical Examination

***Strongly recommended when evaluator is physician. Include blood pressure, pulse, height and weight as vital signs. Note obvious serious physical findings. Include a mini-neurological examination minimally noting presence or absence of tics (motor or vocal), tremors, or other abnormalities of movement. Include data from any movement scale used in the evaluation.*

Client's and Family Strengths

Update list of student's assets, e.g., good physical health and appearance, any skills (painting, music, sports, readings), being articulate, good in math, etc.).

Presence of supports from parent(s) and/or significant others (girl- or boy-friend, fiancé or grandparents, relatives, minister/priest), well-connected and closely following agency support staff.

Summary and Formulation

Reason(s) and rationale to support a diagnosis and to rule out others, to be based on biological, psychological, social and cultural factors and models. Vulnerabilities and protective factors should be also included if possible.

Diagnostic Impressions (DSM-IV)

All five axes diagnoses should be listed in the order of clinical importance with first diagnoses being the focus of current interventions.

DO NOT list Rule Out (R/O) diagnoses. If a certain diagnostic entity is suspected but not yet clearly ascertained, include discussion or plans for clarifying or following-up either

___ **Emotional/Behavioral Assessment: Annual Update**

___ **Psychiatric Medication Evaluation**

Name: *(last, first, middle)*

Date of Birth: *(month, day, year)*

in formulation or recommendation section. On Axes I and II: if using NOS [not otherwise specified] delineate what features of diagnosis are lacking.

Educational Implications and Intervention Recommendations

List recommendations in the order of biological, psychological, social and/or cultural areas of treatment/management interventions.

For school, services, follow-up assessments, transition planning, recommended follow-up clarifications.

Sources of Additional Information – Most Recent Emotional/Behavioral Reports:
(attach reports)

- *Admission & Discharge summaries*
- *Intervention summaries including provider monthly summaries*
- *Consultations including pediatric medication assessments*

Provider Information

Signature

Name and degree(s) of the evaluator

The position and name of institution/organization of the evaluator is affiliated (if indicated and appropriate).